 **ARCHAEOLOGIST CERTIFICATION**

**APPLICATION FORM**

THIS IS AN AUDITABLE DOCUMENT

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| **Section 1** |
| **Applicant Name** (*first name surname*)**:** |  |
| **Consulting Company Affiliation:** |  |
| **Phone and Email Address** |  |
| **Applying for:** | [ ]  Certified Archaeologist☐ Certified Field Director | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_Applicant’s signature Date |
| **Culture Area(s) applied for:** | [ ]  Subarctic-Boreal Forest[ ]  Interior Plateau☐ Northwest Coast |
| [ ]  **1)** Applicant is an existing Archaeology Branch approved Field Director for culture area specified above (complete Section 2)[ ]  **2)** Applicant has previously held or currently holds HCA permit(s) for the culture area specified above (complete Section 2)*Or*[ ]  **3)** Applicant has not been approved as a Field Director for culture area specified above (complete Section 3)[ ]  **4)** Applicant has not previously held an HCA permit for the culture area specified above (complete Section 3) |
| **Section 2** |
| **Applicants previously approved by the Archaeology Branch** (if options 1 or 2 above are selected in Section 1) |
| **1) Required supporting documents** to be included with submission email: | [ ]  Updated Curriculum Vitae (*if one has not been submitted in the last 5 years)* |
| **2) Permits held by the applicant, or where applicant has been previously accepted as a Field Director** (add more rows if needed) |
| **Permit #** | **Permit Holder or Field Director** | **Culture Area**  | **Final Permit Closed** |
|  | Choose an item. | Choose an item.  | Choose an item. |
|  | Choose an item. | Choose an item.  | Choose an item. |
|  | Choose an item. | Choose an item.  | Choose an item. |
| **3) To the applicant’s knowledge, are there:** **a) Current restrictions to the applicant’s existing Field Directorship(s), *and/or*** **b) Current restrictions to the applicant holding and/or applying for a permit to the Archaeology Branch, and/or** **c) Recent concerns about applicant’s assessment work and/or permit compliance expressed by the Archaeology Branch.**  |
| ☐ No restrictions or concerns, or☐ Restrictions and/or [ ]  Concerns, *describe restrictions/concerns below*: |
| **Section 3** |
| **New Applicants**(if options 3 or 4 above are selected in Section 1) *Requirements are consistent with Archaeology Branch Bulletin 17* |
| **1) Required supporting documents** to be included with submission email: | [ ]  Curriculum Vitae [ ]  Experience Summary for Field Director applications spreadsheet in Excel format |
| **2) Report examples** - Senior authorship with positive results & management recommendations (add more rows if needed) |
| **Permit #** | **Interim or Final Report** | **Report name** (include BCER number if applicable) | **Regulator** | **Approved** |
|  | Choose an item. |  | Choose an item. | Choose an item. |
|  | Choose an item. |  | Choose an item. | Choose an item. |
|  | Choose an item. |  | Choose an item. | Choose an item. |
| **3) Authored Site Form examples** (add more rows if needed) |
| **Permit #** | **Borden Number** | **Site Type** | **Accepted by Inventory** |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
| **4) References** |
|  | **First name, surname, & title** | **Email:** | **Phone number:** |
| a) |  |  |  |
| b) |  |  |  |
| c) |  |  |  |

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| **5) Total Days of Experience** (add additional Culture Areas by coping and pasting the entire section of table below)*Information must be consistent with information presented in the Experience Summary for Field Director spreadsheet* | **# of Days:** |
| Culture Area:Choose an item. | Assistant (HIP) |  |
| Supervisor (HIP) |  |
| Assistant s12.4 Alteration Permit  |  |
| Supervisor s12.4 Alteration Permit  |  |
| In Support on Permitted Activities (*ex. report writing, research, professional development*) |  |
| Non-permitted field assessment (*ex. PFR*) |  |
| Non-permitted desktop assessment (*ex. AOA*) |  |
| Total days for Culture Area: |  |